UTILITY	Attorney Docket No.	144761	<u>.</u> 0					
PATENT APPLICATION	First Inventor	Kelly Ann Mohr	S. P.					
TRANSMITTAL		PLAY METHODS AND	⊃0					
(Only for new nonprovisional applications under 37 CFR 1.53(b)	Express Mail Label No	o. EV 298649291 U	10 III					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	Mail Stop Patent Application Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450							
Customer Number or Bar Code Label	Computer Program (A  8. Nucleotide and/or Amino A (if applicable, all necessary) a. Computer Reada b. Specification Sequence i. CD-RC ii. paper c. Statements verify  ACCOMPAN  9. Assignment Papers (C) 10. 37 CFR 3.73(b) State (when there is an assi 11. English Translation D  12. Information Disclosur (IDS)/PTO-1449  13. Preliminary Amendment 14. Return Postcard (MPE) 15. Certified Copy of Prior (if foreign priority is a (if foreign priority is a (b)(2)(B)(i). Applican  17. Other: Declaration an  18. (CIP) of prior application  19. Group Art Un  10. of the prior application, from which  10. Cation and is hereby incorporated by	Acid Sequence Submission (a)  Able Form (CRF)  Able Form (CRF)  Able Form (CRF)  Able Form (CRF)  Able Elisting on:  Able Form (CRF)  Able Elisting on:  Able Form (CRF)  Able Elisting on:  Applicable;  Applicable  Able Elisting on:  Able Elisting on:  Applicable  Able Elisting on:  Able Elisting o	[ pages] Attorney  f IDS Citations  flly itemized)  /35 or its equivalent.  entification of inventors only)  oreliminary amendment,  ied under Box 5b, is considered					
Name John S. Beulick		· · · · · · · · · · · · · · · · · · ·						
Armstrong Teasdale LLP								
Address One Metropolitan Square, Suite 2600		1	T					
City St. Louis	State MO	Zip Code Fax	63102					
	lephone  314.621.5070	314.621.5065						
	gistration No. (Attorney/Agent) 47,564							
Certificate of Express Mail  I certify that the documents listed on this form are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  Thomas M. Fisher  November 26, 2003								

(Signature of Person Mailing Correspondence)

Date

(Printed Name of Person Mailing Correspondence)

Complete if Known

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

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FEE IRANSIMITIAL	Application Number		r					
for FY 2004  Effective 10/01/2003. Patent fees are subject to annual revision.		Filing Date						
		First Named Inventor Kelly A			nn Mohr			
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name							
	Art Unit							
TOTAL AMOUNT OF PAYMENT (\$) 770.00	Attorney Docket No. 14			144761				
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)							
Check Credit card Money Other None 3. ADDITIONAL FEES								
✓ Deposit Account:	Large Entity   Small Entity  Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe							
Deposit Account 070845	Code			(\$)	Fee I	Description	ו	Fee Paid
Number	1051	130	2051		Surcharge - late	•	·	
Deposit Account Name GE Medical Systems	1052	50	2052		Surcharge - late cover sheet	provisional fi	iling fee or	<u> </u>
The Director is authorized to: (check all that apply)	1053	130	1053		Von-English spe		to recommendian	
Charge fee(s) indicated below Credit any overpayments	1804	2,520 920*	1804	•	Requesting pub	-	te reexamination	
Charge any additional fee(s) or any underpayment of fee(s)	1004	920	1604		Examiner action		C prior to	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805 1		Requesting pub Examiner action		R after	
FEE CALCULATION	1251	110	2251	55 E	Extension for re	ply within firs	st month	
1. BASIC FILING FEE	1252	420	2252	210	Extension for re	eply within se	cond month	
Large Entity Small Entity	1253	950	2253	475 I	Extension for re	eply within thi	rd month	
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for re	eply within for	urth month	——————————————————————————————————————
1001 770 2001 385 Utility filing fee 770.00	1255	2,010	2255	1,005	Extension for re	eply within fift	h month	<del>                                     </del>
1002 340 2002 170 Design filing fee	1401	330	2401	165 (	Notice of Appea	al		
1003 530 2003 265 Plant filing fee	1402	330	2402	165 I	Filing a brief in	support of an	appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145 F	Request for ora	I hearing		<del></del>
1005 160 2005 80 Provisional filing fee		1,510			Petition to instit	•		<u> </u>
SUBTOTAL (1) (\$) 770.00	1452	110	2452		Petition to reviv			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,330	2453		Petition to reviv		onal	
Fee from Ext <u>ra Claims below</u> Fee Paid	1501	1,330 480	2501 2502		Utility issue fee Design issue fe	•		
Total Claims 20 -20** = 0 x 18.0 = 0.00	1503	640	2503		Plant issue fee			
Independent 3 - 3** = 0 x 86.0 = 0.00	1460	130	1460	130	Petitions to the	Commission	er	
Multiple Dependent	1807	50	1807	50	Processing fee	under 37 CF	R 1.17(q)	
Large Entity   Small Entity	1806	180	1806	180 5	Submission of I	nformation D	isclosure Stmt	
Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	8021	40	8021	40 F	Recording each	patent assig	nment per	
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	property (times Filing a submis	sion after fina	•	<b></b>
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810		(37 CFR 1.129) For each additi		s to be	
1204 86 2204 43 ** Reissue independent claims	1810	770	2810	•	examined (37 C	CFR 1.129(b)	)	
over original patent  1205 18 2205 9 ** Reissue claims in excess of 20	1801 1802	770 900	2801 1802		Request for Co		mination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1002	900	1002		of a design app		madum	<b>[</b>
SUBTOTAL (2) (\$) 0.00	Other fee (specify)							
**or number previously paid, if greater; For Reissues, see above reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)								
SUBMITTED BY (Complete (if applicable))								
Name (Print/Type) Thomas M. Fisher, Armstrong Teasd	omas M. Fisher, Armstrong Teasdale Registration No. (Attorney/Agent) 47,564 Telephone 314-621-5070							
Signature Mond The			Date	November 26,	2003			

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